

South Carolina Department of Probation, Parole and Pardon Services
Service Provider Application Form

Completion of this form serves as a request that this Service Provider be listed in the Department's Service Provider Directory. The following information will be used to identify the Service Provider's role in providing rehabilitative services for offenders under Department supervision. NOTE: All service fees/costs are at the offender's expense and are not the responsibility of the SC Department of Probation, Parole and Pardon Services (SCDPPPS). Referral to the Service Provider does not constitute a contract or obligation with or by SCDPPPS.

Service available to which Counties: |

Service Provider Name		Contact Person		
Address	Phone Number			
Address of Service Location (if different)		Hours of Operation		
		Provider Type ("X" one)	<table><tr><td>Government</td><td>Private</td><td>Non-Profit</td></tr></table>	Government
Government	Private	Non-Profit		

Indicate which type of service(s) that this organization provides:

<input type="checkbox"/>	Alcohol, Drug Abuse, and other Addiction Services (e.g. AOD Commissions, substance abuse treatment or education, inpatient/outpatient services):
Summary of Service:	
Cost of Services, If any (Insurance accepted, hourly rate, fees, etc.):	

<input type="checkbox"/>	Vocational/Employment Services (e.g. Vocational Rehabilitation, Employment Assistance, Job Readiness):
Summary of Service:	
Cost of Services, If any (Insurance accepted, hourly rate, fees, etc.):	

<input type="checkbox"/>	Emotional/Psychological/Relational Instability Services (e.g. Crisis Intervention, Community Awareness Programs, Housing for Emotionally Disturbed, Medications Monitoring Services, Interpersonal Relationship Counseling, Marriage Intervention Services, CDV Perpetrator Counseling):
Summary of Service:	
Cost of Services, If any (Insurance accepted, hourly rate, fees, etc.):	

<input type="checkbox"/>	Sensitivity/Awareness Services (e.g. MADD Panels, Victim Sensitivity/Awareness Panels, etc.):
Summary of Service:	
Cost of Services, If any (Insurance accepted, hourly rate, fees, etc.):	

<input type="checkbox"/>	Intellectual Impairment Services (e.g. Evaluation for Mental Retardation, Support Groups, Housing for Intellectually Impaired):
Summary of Service:	
Cost of Services, If any (Insurance accepted, hourly rate, fees, etc.):	

<input type="checkbox"/>	Educational Services (e.g. Learn and Earn, other GED Programs, Adult Education Services):
Summary of Service:	
Cost of Services, If any (Insurance accepted, hourly rate, fees, etc.):	

<input type="checkbox"/>	Sex Offender Services (e.g. Sex Offender Perpetrator Counseling Services)
Summary of Service:	
Cost of Services, If any (Insurance accepted, hourly rate, fees, etc.):	

List any Service Limitations/Exclusions (e.g. Male/Female only, Adults only, etc.) Please Specify:

Submitted by:	Title:	Date:
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